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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Examining Operations

Application of:

Bach

Serial No:

08/986,568

Filed:

December 5, 1997

Title:

Method for Treating Established Spontaneous Auto-Immune

Diseases in Mammals

Examiner:

Saunders

Art Unit:

1644

Attorney

Docket No.:

695458-98

TRANSMITTAL LETTER

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Enclosed please find the following:

- 1. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address; and
- 2. A self-addressed, postage paid, return receipt postcard, date stamp and return of which is respectfully requested.

The Commissioner is authorized to charge payment of any additional filing fees required under 37 C.F.R. 1.16 associated with this communication or credit any overpayment to Deposit Account No. 03-0678.

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P.O. Box 1450

Alexandria, VA 22313-1450

Raymond J. Lillie, Esq. D

Respectfully submitted.

Raymond J. Lillie, I

Reg. No. 31,778

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PTO/SB/82 (09/03)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 08/986,568

Filing Date December 5, 1997

First Named Inventor Bach
Art Unit 1644

Examiner Name Saunders

Attorney Docket Number 695458-98

A Power of Attorney or Authorization of Agent is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 27162 Please change the correspondence address for the above-identified application to: The address associated with Customer Number OR Firm or Individual Name Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein Address 5 Becker Farm Road City Roseland Country USA State NJ Zip 07068 Telephone 973-994-1700 Fax 973-994-1744 I am the: Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Institut National de la Santé et de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale (INSERM) By: Françoise Moisand National de la Recherche Médicale of their représentation Velorisation Note: Signatures of all the inventors or assignates Sectement Velorisation Para de la Recherche Medicale of their représentation Note: Signatures of all the inventors or assignates de la Recherche Medicale of their représentation Note: Signatures of all the inventors or assignates de la Recherche Medicale of their représentation Note:	I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified										
I hereby appoint the practitioners associated with the Customer Number: 27162	application:										
Please change the correspondence address for the above-identified application to: The address associated with 27162	A Power of Attorney or Authorization of Agent is submitted herewith.										
Please change the correspondence address for the above-identified application to: The address associated with Customer Number 27162	OR										
The address associated with Customer Number OR Firm or Individual Name Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein	I hereby appoint the practitioners associated with the Customer Number: 27162										
Customer Number OR Signature Signatures of all it he inventors or assigner Scot-Marker in more than one signature is required, see below. Customer Number Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein Address 5 Becker Farm Road State NJ Zip 07068 Fax 973-994-1744 I am the: Applicant/inventor. Signature Signatures of Applicant or Assigner of Record By: Françoise Moisand Nittle Nite Coll Paratripent of Technology Iransies AND Signature Departs many Velorisation Directrice Departs many Velorisation NOTE: Signatures of all the inventors or assigner Scot-Mathematic State of their representatives) and Velorisation Paratrice Statement multiple Statement with presentatives of their representatives of the presentative Statement multiple Statement with presentatives and prese	Please change the correspondence address for the above-identified application to:										
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SIGNATURE of Applicant or Assignee of Record Name Institut National de la Santé et de la Recherche Médicale (INSERM) By: Françoise Meisand, National de la Recherche Médicale (INSERM) Signature et de la RECHERCHE MEDICALE Directrice Date 2 9 AVR. 2005 101, rue de Tellejasone NOTE: Signatures of all the inventors or assignees Section Françoise Mais and Proposition Signature is required, see below.	Applicant/inventor.										
Name Institut National de la Santé et de la Recherche Médicale (INSERM) By: Françoise Moisand, National de la Recherche Médicale (INSERM) Signature et de la RECHERCHE MEDICALE Directrice Departement Valorisation NOTE: Signatures of all the inventors or assignate Sant Usi Carla Market of their representative(s) are required. Stignism multiple forms if more than one signature is required, see below.											
By: Françoise Moisand Title: Director Department of Technology Transfer SAND Signature et de la RECHERCHE MEDICALE Directrice Departsment Valorisation Departsment Valorisation NOTE: Signatures of all the inventors or assigned Scheroff USIC Entire Medical Signature is required, see below.	SIGNATURE of Applicant or Assignee of Record										
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